FAT

OTHER

mation TION 14. BIRTHFLACE (city or town)

16. BIRTHPLACE (city or tewn) (State or country)

18. BURIAL, CREMATION, DR REMOVI

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

(State or country)

23. If death was due to external causes (VIOLENCE) full in else the following:

(Day)

(Year)

Date of onset

Was there an autopsy?

(Specify car or town, county and State)
Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE. Manner of Injury

What test confirmed diagnosis?

Accident, suicide, or homicide?,

Name of operation

Nature of Injury Tollers as 24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
202345			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1983	Gastroenteritis	1 year
	125	7 (07	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1PLACE OF DEATH	13284 STATE OF MARYLAND
County Live Tronges (31)	CERTIFICATE OF DEATH
MOTHUM SOLLING	Registration Dist. No. 245
Village or City In attack (No. 45	XX
2 FULL NAME Frank Ruley 7	St.: Ward) A cospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SING/E,	16 DATE OF DEATH
7 lo WIDOWED.	2, 191
Me (WA)A EDWAND	(Month) (Day) (Year)
February > 1863	17 1 HEREBY CERTIFY, That I attended the deseased from
(Month) (Day) (Year)	that I last saw h mealive on MM 4 , 151,
7 AGE If LESS than	and that death occurred on the date stated above, at 11 Mc_m.
68 yrs. 9 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION O	The same of the sa
(a) Trade, profession or particular kind of work	Trums Come
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yp. mos J de.
9 BIRTHPLACE	Contributory Ch. Repholis
(State or country) Saltinge, he	(Durstign) Trsds.
10 NAME OF	(Signed) Horang Karo M. D.
FATHER Joseph To atchalon	non 4 101 (Address) Lowelle no
OF FATHER	
Z (State or country) Balting m. hd	*State the l'isease Causing Dath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF THE TOTAL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or Country) Batterine . 2d	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
7 & 1 -8 + 1 1	Former or usual residence
(Informant) Mrs Jama . I destallor	18 PLACE OF BURIAL OR REMOVAL
(Address) Hyattwelle, Ind	Joudon the ben bother 7, 1031
15 Filed NOT. H 1981 Mrs. Lanchomera	DUNDERTAKER ADDRESS
Haguty Registrat	of the tous have my
If more blanks are needed, Oddre. State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. O. D. D.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA. . Every item of infor-PHYSTGIANS Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED mation should be carefully supplied. -WRITE PLAINLY,

ż

1. PLACE OF DEATH	92	CLKIII ICKIL OI	13285
County Prince Lear	g L	R	egistration Dist. No. 230
Village or City Bescy Length of residence in city or town where d		ND. W. F. B. Proceed death occurred in a hospital or institution, g	levard St. Ward
2. FULL NAME Cotrulia (a) Residence: No. Wash, Y A	Frances Bee	voley St., Ward.	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 70	7/
5a. If married, widowed or divorced HUSBAND of John E. Dee	belg 8 4,868.	aug 190	ERTIFY. That I attended deceased from
6. DATE OF BIRTII (month, day, end year) 7. AGE Years Months 6. 2 4	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above. The PRINCIPAL CAUSE OF DEATH and were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation	Chronic Ends	earditer 1.906
12. BIRTHPLACE (city or town) Was	hington D.C.	Other Contributory Canses of importance	9:
13. NAME Savid Kuthur 14. BIRTHPLACE (city or town) (Stete or country)	rirginia	Name of operation	Date of
15. MAIDEN NAME Sephine 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Bewere	L. Pracher Lo	Where did injury occur?	Date of injury, 19
18. BURIAL, CREMATION DR REMOVAL Place	mo Non 19, 1921	Manner of injury	
19. UNDERTAKER (Address) 20. FILED MT 17 , 1931	hn I Smith	24. Was disease or injury in eny way fell. If so, specify (Signed) (Address)	aped to occupation of deceased?

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8. No.

0

N. B.--

HYSI-Exact

PLACE OF DEATH	13280 STATE OF MARYLAND
County In Geo's	CERTIFICATE OF DEATH
, ,	Registration Dist. No. 240
Village or City Cheltenham (No	St.: Ward) (If death occurred in a hospital or Institu- tion, give its NAME is - stead of street and
2FULL NAME Charles Ofm	res Blagmond number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 2/, 192/(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That attended the deceased from
3- 24, 1911	that last saw h 4 alive on 2 193/.
(Month) (Day) (Year) 7 AGE (If LESS than	and that death occurred on the date stated above, atm.
l dayhrs.	The CAUSE OF DEATH * was as follows:
19 yrs. 3 mos. 28 ds. or min.?	<u> </u>
(a) Trade, profession or particular kind of work	merculasio
(b) General nature of industry	
business, or establishment in House of Reforma	(Duration) yrs, mos de.
9 BIRTHPLACE (State or country)	Contributory
///a,	(Duration) Jrs., mos., de,
10 NAME OF FATHER OF ALL PLANE OF ALL PLANE OF THE PROPERTY OF	(gigned) Warm M.D.
11 BIRTHPLACE	(17 17 19) (Address) Loan mo
OF FATHER (State or country) Ma	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Prosing Blagmone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place / yrs. 3 mos. 3 ds. la the State yrs
(State or Country)	Where was disease contracted, 1036 Ca a la Cat.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) I. D. Tyles Suft	usual residence (1.2) US (MA)
(Address) Chellerchain	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY Z 4 19.5/
I A A A A A A A A A A A A A A A A A A A	20 UN DERTAKER ADDRESS
Filed Mr. 27- 192 Julius J. mitte	Samel Gaston 9/19 ta ave
lf more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm tauvier, Lawrence of the en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; is nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart affection need not be Nomenclature of the Measles ; discase;

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Exact

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or Institu-tion, give its NAME ir-stead of street and number.) Ward)

-	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH 7 8 , 193/
	(Month) (Day) (Year)
i	17 , I HEREBY CERTIFY, That I attended the deceased from
Ì	192, tq, 192
	that I last saw her alive on april 1921
	and that death occurred on the date stated above, at J
	The CAUSE OF DEATH * was as follows:
	Contributor informations Culfer M. Duration) (Signed) W J. (Address) Causing Death, or in deaths from
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Obsaryville and hold, 193)
1	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid; etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Womperson, irrespective of 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. c EXACTI y classi ficate. Ward) (If death occurred in a hospital er institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year and that death occured on the date stated above, att. 7 AGE IIf LESS than day hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION (a) Trade, profession of aln particular kind of work (b) General nature of industry d business, or establishment in which employed or (employer). MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF FATHER *State the Discase Causing Death, (State or country) Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 吊田 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccup/ lents or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death y15 mos. ds. State yrs..... mos... (State or country) Where was disease contracted, if not at place of death? Ö Former or usual residence DA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 dz. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anuemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measter; unqualified, is indefinite); Tuberculosis of lungs, meninges, perhonaeum, etc., Carcinomu, Sarcoma, etc., of "PUERPERAL seplicacmia," "PUERPERAL perilondis," elc. causing (secondary or intercurrent) Chronic interstitial nephritis, Whooping ldanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepisis, Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvulur nearl etc. affection Nomenclature The contributory nced not disense;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the eartificate is permanently filed.

S. No. 1

2

PLACE OF DEATH	STATE OF MARYLAND
County/ruck/lltga	CERTIFICATE OF DEATH
al A	Registration Dist. No. 33 8
Village or City Clubby (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Margaref Jerecoa El	sabeth Brooks tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 193 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 2, 1930	
(Modth) (Day) (Year)	that I last sew halive on
AGE If LESS than I day	and that death occurred on the date stated above atm. The CAUSE OF DEATH * was as follows:
yrs. 5 mos. 22 ds. or min.?	Nead when I reached the
a occupation (a) Trade, profession or	leonse Endently dies om
particular kind of work	Obstruction of Bowels O
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)	Contributory
SBIRTHPLACE (State or country)	Secondary
10 NAME OF	(Durtion) yrs mos ds.
FATHER SOARAS JOSOPHA	(Signed) M. D.
II BIRTHPLACE	ACOU 15 1927! (Address) Transferring us
OF FATHER (State or country) 12 MAIDEN NAME)	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER VISETIA MILES	18 LINGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmos,ds. Stateyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of doa h?
(Informant) Carol Mooks	usual residence
(Address) Colinton, Ind	Is plus Com Conta no. plan 20, 193/
Filed Mr. 25 192, lugof Included Registral	Canoll Brooks. Father bluto med.
If more banks are needed, addre s tete Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the single word or term on -Coul mine, etc. Wom-Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (erebrospinal func (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fuer (never report "Typhoid Pneumonia,"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. stated unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy, Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TATE OF MARYLAND CERTIFICATE OF DEATH OCCUPA Jo Registration Oist, No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Day) (Year) BINDING married, widowed, or divosced HUSBAND of That I ettended-deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Months Days If LESS than Years to have occurred on the date steted above, at FOR 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc..... 1D. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this year) _____ occupetion ... instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diegnosis?____ Lou pl MOTHER very important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should 17. INFORMANT. (Address) H OF 18. BURIAL, CREMATION, OR REMOVA Manner of Injury WRITE CAUSE Neture of injury LION 24. Was disease or Injura 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERUESAU V. N.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

	m of infor-	nould state	OCCUPA-	
•	ORD, Every ite	HYSICIANS SI	et statement of	
MARGIN RESERVED FOR BINDÍNG	MANENT REC	XACTLY. F	classified. Exac	
TED FOR BI	THIS IS A PER	d be stated E	y be properly	k of certificate.
IN RESERV	ADING INK-7	d. AGE shoule	s, so that it ma	ructions on bac
	7, WITH UNF.	arefully supplie	I in plain term	rtant. See inst
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No	B			

1. PLACE OF DEATH	-	107-0	<i>A</i>	13291
County Alv. The	ragis		Registration	Dist. No. 20
Village or City.	neo	No. f death occurred in a hospital or i	institution, give its NAMI	St., /
Length of residence in city or town where	death occurredyrsmg	ds. How long in U.S	S. if of foreign birth?	yrsmos
2. FULL NAME MAKE	/wheele	moss) C	hesley	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident	give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	L CERTIFICATE	OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	TH Workh	(Day) 193/
HUSBAND of		22. IHERE	BYCERTIF	Y, That 1 attended deceased
(or) WIFE of		Rost 10%	192/ to 7	hall 18 19
DATE OF BIRTH (month, day, end year)	une 7th 1931	I last saw h Acz alive or	marrie	, 19.2/ ; death i
AGE Years Months	Days If LESS than	to have occurred on the date		
8 5	26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF were es follows:	DEATH and related caus	es of Importance Date of
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Drs	ucho Pne	umaria.
Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc				
1D. Dato deceased lest worked at	11. Total time (years)			
this occupation (month end	11. Totel time (years) spent in this occupation			
BIRTHPLACE (city or town)	inser	Other Coatribatory Causes of	importance:	ence
(State or country)	Maryland	-		www.
13. NAME Harry &	cord.			
14. BIRTHPLACE (city or town)	uaseo	Name of operation		Dete of
(State or country)	maryland	What test confirmed diagnosi	s?	Was there an aulopsy?_
15. MAIDEN NAME MURILE C	luthy	23. If death was due to extern	al causes (VIOL ENCE) fil	l in also the following:
16. BIRTHPLACE (city or town)	quarte,	Accident, suicide, or homicid	e?	Date of injury, 19
(State or country)	marglaced	Where did injury occur?	(Specify city or	town county and State)
(Address) Agustus	rooks.	Specify whether injury occur	red in INDUSTRY, in HO	ME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	0 1	Manner of injury		****
Place Musico Ma	Date 1101 2 , 193/	Nature of injury		
O. UNDERTAKER A. J. T. (Address)	reside	24. Was disease or injury in a	any way related to occupa	ation of deceased?
0. FILED NV 2- , 1931 NE	way B. Cortle	(Signed) (Address)	Moder	van
If more	blanks are needed, address State Registrar,		1	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PERSONAL PROPERTY AND ADDRESS OF THE PERSON	

When the buth Certificate was sent in the this Child it was given "many the Charity Gins! but when Baptised the day Africe it died it nas given many Retecca.

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13292
County Trunce Leage	Registration Dist. No. L. B. L.
Village or City Chapel Dill	No. St. Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a pospital or institution, give its NAME instead of street and number)
2. FULL NAME Trove Col	h it
(a) Residence: No. Polishel Hiel On	a sort ward Zoute
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV
F C 5.	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) me or	11:29 ,1931 ,10 11 29 ,1931
6. DATE OF BIRTII (month, day, and year) // - 4. 3 /	I last saw her alive on 11 39 ,1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12-40 mm.
10 minutes ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. frade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	
Industry or business in which	Irematurily
work was done, as SILK MILL, SAW MILL, BANK, etc.	
apont in this	
year) occupation	Other Castributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	to from
I TO THE TOTAL T	Mellerdity
14. BIRTHPLACE (city or town) from (State or country)	Name of operation
15. MAIDEN NAME Catherine Wagne she	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Catherine Nagrick 16. BIRTHPLACE (city or town) Jack Mark	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mm. T. Collect	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thapel Hell Mi	
18. BURIAL, CREMATION, OR REMOVAL Place Chapel Yell Date 700.30 ,193/	Manner of injury
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER Sullann J. Colbert	24. Was disease or injury in eny way related to occupation of deceased?
m and all all all all all all all all all al	(Signed) Layril a - Wales of Ma
20. FILED MOV. 29, 1921 Cena Nurth	(Address) 326 Ege St. She Halah De
ANGINIA.	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	T. T.	- 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUE	Luly 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If nonresident give city or town and State

Registration Dist. No.

te	OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	2-6 (Day)	, 198
eď	0	22. I HEREBY			(Yeer)
Months icular SPINNER, R, etc //hich K Mill, d at land	Days If LESS then 1 dey,	I lest sew h elive on to heve occurred on the dete steted	H end releted cause	(L _{m.} 19	Dete of one et
) Lv-	ashrington	Neme of operation		Dete of	autoney?
(elen	washington Comment	23. If death wes due to externel ceus Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	ses (VIOLENCE) file	In elso the follow	ing:
W St.	1.6 Dete 11-29 1931	Menner of injury	orend of wo	mute mally	ed acharge
as F	Munayo Sour	24. Wes disease or injury in any we if so, specify (Signed)	by releted to occupa	ation of deceased?	elición M.D.
	Registrar.	(Address)	estrell	6	V
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Req	uesting U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13294
1. PLACE OF PEATH	
County Lince Georges Co.	Registration Dist. No. 2145
Village or City Liverdale	No. St. Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Selve Sent	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November 25 (Month) (Day) (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded decaesad from
6. DATE OF BIRTH (month, day, and year) April 29, 1929 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw here alive on 1991; to 1991; death is said to have occurred on the date stated above, at 235 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were and lower.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) occupation occupation	Ouset with Congre 11/21/31
12. BIRTHPLACE (city or town) Free Amens Hospital (State or country) Hashington, De.	Other Contributory Couses of Importance:
13. NAME Unlevour	
13. NAME Place (city or town) (Stata or country)	Nama of operation
15. MAIOEN NAME Still Deut 16. BIRTHPLACE (city or town) theedure Hospital (State or country) Washington, 1966. 17. INFORMANT Rebecea Rest (Address) Riverslade med.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Bladus Lyra M. D. Data Mar 28-, 1931	Manner of injury
19. UNDERTAKER & Gasches Sous (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILEO Nov. 28. 19. 31 Mrs. Jan, Swere Registrar.	(Signad) Milliam W. Spiller M. D. (Addrass) 108 R. J. Cark, Brentwood 2nd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NURSAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	13295
County (Truce O Jeotge	Registration Dist. No. 23/
Village or City Bladence being	NoSt.,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105
2. FULL NAME Marjon Duckett	
(a) Residence: No. / Cladence Tucky 2m	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wing the word)	21. DATE OF DEATH
Male write widered	(Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of Good Arichan August 1	Mark The Control of t
(or) WIFE of Jabriella Dullal Duckett	1 HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (nionth, day, and yeer) Dec. 24, 1854	I last saw harm elive on 9250 4 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, aVI-3R_V-m.
79 10 15 4 1 dey,h	THE RELEASE OF BEATT ON COURSE OF IMPORTANCE
N & Trade profession or particular	Brancho-mumony 1/16/3
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and June 1931 spent in this vo year)	4.
	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (State or country)	arterio Feleroso.
E / C	Name of operation Dete of
[State or country]	What test confirmed diagnosis? Wheeleft IC Was there en autopsy?
15. MAIDEN NAME MARRORET HOWARD &	23. If death was due to externel couses (VIOL ENCE) fill in elso the Tollowing:
15. MAIDEN NAME Margaret Howard 16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide? 200 Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17 INFORMANT PLANE to Auchott Johnsone	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Massard duckly to material (Address) Holadensburg ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maskington Date Stot 11.,19.3	Neture of injury
19. UNDERTAKER Fasches Jours	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Blueleus hurg mo	If so, specily
20, FILED NOV. 10 5, 1931 M D. Spices	(Signed) A. J. William (M. D.
Total Registrar.	(Address) Hyuttshill My
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1.

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PHYSICIANS

PLACE OF DEATH County Prince George		STATE OF MA ERTIFICATE O	OF DEATH
Village or City Landoves (No. , 2 FULL NAME Michael 5	ticco	-St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX! 4 COLOR OR RACE 6 SINGLE, Single	MEDIC	AL CERTIFICATE	OF DEATH
male white MARRIED, WIDOWED OR DIVORCED (Write the word)	***************************************	(Month)	(Day) (Year)
TAGE OCCUPATION (a) Trade, profession, or particular kind of work Tage OCCUPATION (a) Trade, profession, or particular kind of work Tage At home	that I last saw h !! and that death occurrence CAUSE OF DEA	urred on the date st	γ: 2 2 , 19⅓ / , γ: 2 2 , 19⅓ / , ated abovo, at
(b) General nature of industry business, or establishment in which employed (or employer)		(Ouration)	yrs. mos. 5 ds.
BIRTHPLACE (State or country) District of Columbia:	Contributory Secondary	mancho-p	neumonia
10 NAME OF FATHER Carmelo Fieco 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COUNCE MIGNAY	(Signed) Nor. 12 State the DISE CAUSES, state (1) M SUICDAL Or HOMICID	ASE CATHING DEATH, OF	in deaths from VIOLENT (2) whether ACHIDENTAL,
of Mother Louise Miginar 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informanf)		CNCE (FOR HOSPITALS, 175) in the lostds, Stels, 1,	INSTITUTIONS, TRANSIENTS,
(Address)	19 PLACE OF BURIAL		DATE OF BURIAL

If more blanks are needed, address state Revistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

412-H.N.E.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISHASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever At home. Care should be Never return Locomotive engineer, But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal facer (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid facer (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which mus," surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-birth or miscarriage etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intereurcough; Chronic valeular heart disease; Chronic interstitial "Tumor" for mulignant neoplasms); Meastes; Whooping by railway train-accident; Revolver "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. as "Puerperal septichaemia," carbolic acid-probably Never report mere nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	County Ormee Teorge	Registration Dist. No. 25	5
1	Village or City Dyattrulle	No. 7 9112 Creary St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Wamber)
	Length of residence In city of town whara death occurred	ds. How long in U.S. If of foreign birth?yrsmos	•
	2. FULL NAME It illiam Jamer		
	(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or lown and S	tate
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male 20 S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193. / (Yaar)
5	thusband of (or) WIFE of Veresa. Laurest	22. 1 HEREBY CERTIFY. That I attended do	eceased t
	5. DATE OF BIRTH (month, day, and year) Ot. 7, 1859	Hast saw h I'm alive on Non 18 - 19.31	death is
_	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at	
	72 / // l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of o
of ce	Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonen ederm	11/1
Dack	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc SAW MILL, BANK, etc	•	
ا ا	10. Date deceased last worked at		
	this occupation (month and Nov. 1918 spant in this 40 yr.		
Instructions	12. BIRTHPLACE (city or town) Phila. Penna	Other Coutributory Causes of importance:	19:
	(State or country)	" myvaidiles	
	13. NAME John danset		
EATUE	(State or country)	Name of operation	
-	8/1/1/	What tast confirmed diagnosis? Was there an au	lopsy?
Important	- Jacob Managar	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?	10
MOTI	16. BIRTHPLACE (city or town) (Stata or country) Learnsaury	Where did injury occur?	, 13
E 1	17. INFORMANT. Tuesa Gunnat.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
very	(Address) M Cuary & Fratherly 18, BURIAL, CREMATION, ON REMOVAL		
20	Place It I Suncoln Date Mor 21/1981	Manner of injury	
NOLL	04,44 1 1	24. Was disease or injury in any way related to occupation of daceased?	20
	19. UNDERTAKER Of Jaseles Joseph (Address) Avenue le mon	If so, specify	
	20 FILED Mor. 19831 Mas a Seres	(Signed) Symana Spy)	1
	Registrar.	(Address) . The United Lines	9 /

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	imple I		Example II	
The principal cause of deat of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	The Marie	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
165	and the second	20		
1.		1/2		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones PTT	REAU V S.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE	OF DEAT	th			
1	County Pr	mice of	Zeons	us_	6	270
			0		(8)	~
Vil	lage or City	Oxon	Hill	(No	- Americantena	
	2FUL	L NAME	Nels	on Bu	yanın	
	PERSON	AL AND S	STATIST	ICAL PARTIC	ULARS	
	EX	4 COLOR		5 SINGLE, MARRIED, WIDOWED, OR DIVORCE	Married	1
K	Vale 1	Color	4	(Write the wor	d)	
5 0	ATE OF BIRT			4		
		a	(Month)	945— (Day)	, 1854 (Year)	t
7 A	GE			mos. 17	If LESS than I day hrs. or min.?	Т.
0() P() b				news from		
	(State or cou					
	10 NAME OF	0	1 3			(
SLZ	OF FATHE	ACE		nound		-
PARE	12 MAIDEN OF MOTH			Hum	rl	1
	13 BIRTHPL OF MOTH (State or	ACE	Pr. S			A
4	THE ABOVE IS			OF MY KNOW	LEDGE	il
	(Informant)		igh.	ing.	ym	Fu
15				0	Wegistrai	2

13298 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 238

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Seculor 5th, 1931
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1921to ,192, that I last saw h in alies on ,193./,
and that death occurred on the date stated above, at 1.0 ar. m., The CAUSE OF DEATH * was as follows: Carrier and that death occurred on the date stated above, at 1.0 ar. m., The CAUSE OF DEATH * was as follows: Carrier and that death occurred above, at 1.0 ar. m., The CAUSE OF DEATH * was as follows:
(Signed) (Duration) yrs mos da. (Duration) yrs mos da. (Duration) Management da. (Signed) (Duration) Management da. (Signed) (Duration) M. D.
*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
gen fil - MS. DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL NO. 8- , 1951.
John S. Chine &Co. 901-3 N. Sval.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcupation is very important, so that the relative health-Foreman, or For many occupations a single word or term on Farm laborer, Laborer-At Home, and children, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal minc, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid - probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The valvular Always qualify all heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

V. S.

PLACE OF DEATH	13200 STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
WITHIN CORPORATE LO TO CO.	Registration Dist. No. 2145
Village or City Synattaville (No. 8	Manyland Gone Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME etc. Contonio	George: steed of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OVERNUER 9 m, 198/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
January ? , 14860.	October 29 1981 . 10 Tlor 9 , 1931.
(Month) (Day) (Year)	that I last saw h.M. alive on 1167. 9 , 1921.,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4.30 P.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	AAAA
B OCCUPATION (a) Trade, profession or	Bulbar Paralysis
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) y mos de.
9 BIRTHPLACE (State or country)	Contributory Camptrophie Saturd Selevosio
great (Whis)	(Duration) 10 yrs. mos. ds.
10 NAME OF FATHER CONTONIO GLORGE MANUAR	(Signed) Malanga M. D.
M 11 BIRTHPLACE	192 (Address) Chevery & malory (10)
C (State or country) Guel	*State the Discase Causing Death, or, In deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER DESCRIPTIONS WAS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos ds. In the State yrs mos ds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Catherine George	Former or usual residence
(Address) & 1 Manyland Cu.	Month arm Courtier mai Mor 11. 1981
15 Filed Mrs. 10" 19231 Mas las Somera	20 UNDEBTAKER ADDRESS
/ Registrar	Jaselie Jour Itestavillo mo
If more bianks are needed, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physicum, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 9 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train. American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 133111
1. PLACE OF DEATH	16
County Prince Leagu	Registration Dist. No. 27~
Village or City My Rainler Syd (1)	No. 3605 Bunker Hice Pd St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. If of foreign blrth?yrsmosds.
2. FULL NAME alice In Frank,	
(a) Residence: No. 3 (e D b OSan Aller Hell DE (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Morember (3 , 193 / (Year)) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Grank,	22. I HEREBY CERTIFY, That I attended deceased from 1931, to Nov. 43 1931.
6. DATE OF BIRTH (month, day, and year) Sept 5-1867,	Hast saw here alive on Mon 43, 1931, death is said
7. AGE Yeers Months Days I If LESS than	to have occurred on the date stated above, at 12.43 Pc. m.
64 / 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Caranona fino ?
9 Industry or business in which work wes done, as SILK MILL,	- Coul headow "
SAW MILL, BANK, etc	complaint to bed
U 10. Date deceased last worked et 11. Total time (years) spent in this occupation occupation	transadan 6 mo.
year) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Loomway 5 S. C. (State or country)	
13. NAME Charles Fr. Malloy	
13. NAME Charles Fr. Malloy, 14. BIRTHPLACE (city or town) Ireland	Neme of operations Dete of
(State or country)	What test confirmed diagnosis? UD
15. MAIDEN NAME Grarther OSeatty,	23. If death was due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city of town) Consumary Q.	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Saray Spring. (Address) 3605 Hospital Add.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place, Fort Lincoln Date 400 5 , 1931	Neture of injury
19. UNDERTAKER Trancis Lach's sons	24. Was disease or Injury in any way related to occupation of deceased? Zeo
(Address) Hyallaville Ind	If so, specify
20. FILEDVIM 4 19 / Jany very	(Signed) M. D.
Registrar.	(Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(3)
county Trince Deorge	Registration Dist. No. 233
Village or City Dulley	No. St., Ward
Length of residence in city or town where leath occurredyrs/mos.	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME SULLE OFFICE OF THE STATE OF TH	St., Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Furite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from ,19 ,19 ,19
6. DATE OF BIRTH (month, day, end year) 700 3, 193/	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date slated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month and	
Do Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	Other Contributer Course of Inventors
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State er country)	
13. NAME Omnanuel Dreer	
13. NAME manuel Dreir	Name of operation
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Aladys Curperly 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Emmanyel Greer	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dulley, and	
Place Dully ma Date 700 4, 193/	Manner of Injury
19. UNDERTAKER Ommanuel Freer (Address) Suley and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 700 4, 1931 Ernest N. Sarner Registrar.	(Signed Inlate of Farner M. D. (Address) Acal Registrar M. D.
	COULTING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Julyo, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May1,1923	Other contributory causes of importance: Gastroenteritis	1 year

No.

v.

...

PLACE OF	DEATH		13302	STATE OF M	
County		(212-9)		Registration	232
Village or City 2 FULL N	IAME Philip Pa	escell	Gref	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- etend of street and number.)
PERSONAL	AND STATISTICAL PARTICULA	ARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 1	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word	Zugle !	DATE OF DEAT	(Month)	(Day) (Year)
6 DATE OF BIRTH	1 0		hws	14 1931 10 No	V/4 ,3/
7 AGE	(Monya) (Day)	(Year) and	I last saw his	alive on	1 above, at 630 Q m,
7 AGE		LESS than dayhrs.	CAUSE OF DEA	Til the was as followed	
4	?yrs	min. ?	minse	1 from de	ing prin
(a) Trade, professi			yer co	you way	
particular kind of (b) General nature business, or estab which employed	e of industry lishment in		******************	(Duration)	yrsde,
9 BIRTHPLACE (State or coun	00 /		Contributory Secondary	ADumtion) !	χ.yrs,
10 NAME OF FATHER	Les dues Gible	the Sign	ned) Wills	nu 17:7 you	M.D.
OF FATRUE (State or o	R // m/x	././.	*State the D Violent Causes, s	(Address)	or lu desting from
(State or of the state of the s		18 L		SIDENCE (For Hosp	itals, Institutions, Trans-
13 BIRTHPLA OF MOTHE (State or	R // m /	At pl of de	lace ath yrs. n	nos da. In the	.,yrs,mosda.
14 THE ABOVE IS	TRUE TO THE BEST OF MY KNOW	VLEUGE if not	re was disease contr at place of death?	acted,	
(Informant)	Cydgey Tuffer	1 W usual	ner or I residence		
(Address).	1 Crague Sta	19 1	LACE OF BURI	AL OR REMOVAS	DATE OF BURIAL
Filed NOV	167/ Carl du	20 d	DERTAKER	e Poros C	ADDRESS Villing Mr.

it more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. L.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Gook, definite salary). may be entered a. Housewife, House worked on may form par: of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Wilalever, write None. iral 6 yrs.). business, that fact may be indicated thus: Furmer Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons enployed, as At school or At home. (are should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-(4) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter; tion applied to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc etc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. duties of the But in many Wom.

Etase causing death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for mailgnant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mon-Nomenclature of the American Medical Association.) State cause for which surgical operation was under-"Uraemia," "Weaknest." etc., when a definite disease Chronic interstitial nephritis, etc. The contributory head of "contributory." Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURIE "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-"Апметіа" "Coma." "Con-(second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed

13303

ico ;			
	Registration Di	st. No. 25	45
No. leath occurred in a hospital or institution ds. How long in U.S. il of fo	o, give its NAME i	St.,	Ward number)
man.			
St., Ward.	16	ve city or town an	1.0.
MEDICAL CER			d State
21. DATE OF DEATH		. 2	7
n.	(Month)	(Day)	(Yaar)
I last saw h alive on to have occurred on the date stated a	bova, at 4	2m.	deceased from 1983
ware es follows: Charles Délic	lation	of Kear	Data of onset
Other Contributory Causes of Importa	nce: Belz Franck J	roug to Sud	3 cars?
Neme of operation		Date of.	
What tast confirmed diagnosis?		Was there an	autopsy?
23. If daath was due to axternal causes Accident, suicida, or homicida? Where did injury occur?	Da	ta of Injury	, 19
Spacify whethar injury occurred in in	DUSTRY, in HOMI	E, or in PUBLIC P	LACE.
Mannar of Injury Nature of Injury			
24. Was disaase or injury In any way of If so, specify (Signed)	related to occupation	on of deceasad?_	2~
(Addrass) / 80	1-290	SAN	4

V. S. No.

MARGIN RESERVED FOR BINDING

ALL Registrar.

Statement of occupation.—Precise statement of occupation is very important; so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 doys ago
DEC 1-1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	13	304
Village or City Is yallriche	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
2. FULL NAME Do Illeans To Stateline	ds. How long in U.S. if of foreign birth?yrsmos	ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH Nov (Month) (Day)	93. ((Yeer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	I last saw h alive on to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Contributory Causes of Importance: How have occurred on the date stated above, at 2 m. m. Other Contributory Causes of Importance: How have occurred on the date stated above, at 2 m. m. Date of	pate of onsa
15. MAIDEN NAME Mary Masters 16. BIRTHPLACE (city or town) & Trash (State or country) 17. INFORMANT Mrs. S.B. Worke (Address) Ofy attivible md	What test confirmed diagnosis?	, 19
19. UNDERTAKER Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hashington D.C. Dete Mor 19-19-31. 19. UNDERTAKER Address)	Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	υ
20. FILED. N. V. 18, 19 3 M. No. 10 Registrar. If more blanks are needed, address Scale Registrar,	(Address) (Addre	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
a the second sec			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

13305

STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

ieurt	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
ingle	16 DATE OF DEATH Monthly 97, 193/ (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
, 1 93 / (Year)	192 . to
If LESS than	and that death occurred on the date stated above, at 5 4 A.m.
I day hrs.	The CAUSE OF DEATH was as follows:
***************************************	Had w physician
	(Duration) yrs. mos 3 ds.
te.	(Signed). (Signe
, lud	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Dey .	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ud.	At place of death
1.71	Formet or usual residence
d.	Bladenburg Md Nor 28+ 1931
Registrar	J. Jasche Jour Bladwahung mo

Š. où WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Foreman, or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation If the occupation has been changed Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important Example: Measles (disease approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., carbolic acid-probably suicide. The nature of the injury, causing death), 29 ds.; L. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

PLAGE OF DEATH	13306 STATE OF MARYLAND
County ruce Kerry	CERTIFICATE OF DEATH
Jan O of the state	Registration Dist. No
Village or City Was (No	St.: Ward) St.: Ward) A hospital or institution, give ita NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 0 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH March 12, 19/2 (Month) (Day) (Year)	that I last aaw 19 alive on 192,
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry	Tuberculosis
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration yrs mos ds.
10 NAME OF Solvester ones	(Signed) To Carl Color Management
OF FATHER Z (State or country)	*State the lisease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SEA SECTION 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of doa.h?
(Address) la Jones Wallof	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF INF. at convey Ind Move, 12, 1931
Filed Na. 10 193/ Rena Hunt	Hunt to Ryon Waldorf Ind
if more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Pigsician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed single word or term on not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) valvular heart disease; etc. The contributory affection need not be

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a Passa Demans	CERTIFICATE OF DEATH
County /	Registration Dist. No. 235
Village or City Putland (No. ,)	St; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
h. COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro
6 DATE OF BIRTH	m 29 , 19th, to 2 2 , 1912
(Month) (Day) (Year)	that I last saw h Amalive on 27 193
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 3.2. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishmenf in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mes.
10 NAME OF Thomas B. Kenney 11 BIRTHPLACE	(Signed) Walter To La Care Mos. (Signed) Walter To La Care Market Marke
H BIRTHPLACE OF FATHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
12 MAIDEN NAME OF MOTHER Bessie Dinge Kenny 13 BIRTHPLACE OF MOTHER (State or country) Whele, Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Ât placa ôf daathyramesds, Stats,yrames
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) 15 "/20 Than 5 Gillit.	19 DEACE OF BURIAL OR REMOVAL DATE OF BURIAL 11/30, 101
Filed 1931 DE REGISTRAR	Thomas F. Munay for 2007- Michor
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Consus and American Public Realth Association.]

only when needed. As examples: (a) Spinner. (b) Cotton engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age ness of various pursuits can be known. The question of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise spacification as Day laborer, Farm laborer, Laborer mobile factory. For many occupations a single word or term on the write None. Housemaid, etc. If the occupation has been changed taken to report specifically Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in the occupations of persons If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tubercalosis of lungs, menin

lapse," rent) affection need not be stated unless ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Mcasles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. "PUERPERAL peritonities," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Struck birth or miscarriage as to determine definitely. Examples: Accidental drowning; by railway train-occident; Revolver wound "Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" Poisoned "PUERPERAL septichaemia," by carbolic acid-probably State cause for which FOR VIOLENT DEATHS "Atrophy," "Colimportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SAO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOTATO			
Other contributory causes of importance:	Dr /	Other contributory causes of importance:	
Gallstones	Va 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important. -WRITE PLAINLY,

1. PLACE OF DEATH	13310
/ county Prince Teage	Registration Dist. No. 239
Village or City Lacrel	No Laures Sometaring St Ward
Length o1 residence In cily or town whero deeth occurred 2 yrs 7 mo	f death occurred in a hospital or institution, give its NAME instead of street and number) s. /ds. How long in U.S. if of foreign birth?
2. FULL NAME John Charles Mede	
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) Surge	21. DATE OF DEATH, (Month) (Oay) (Year)
5e. 11 merried, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decesed from
6. DATE OF BIRTH (month, day, end yeer) March 22 - 1856	I lest saw h um elive on Nov . (J - ,193/ ; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 3m.
75 7 23 1 dey,	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	0
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Cerebral herwords g
work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 9. The same of the same o	
Besting and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Meditary (Stets or country)	Ortenosclenoses
13. NAME John Mellis	
13. NAME John Mellis 14. BIRTHPLACE (city or town) Neatland	Name of operation
L (State or country)	What test confirmed diegnosis?
15. MAIOEN NAME Helen Vare	23. It deeth was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME Welen Vare 16. BIRTHPLACE (city or town) Acatema (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT 9180. 7. Melis (Address) working tom D.C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BANGEL, CREMATION, OR REMOVAL	Manner ol Injury
Place Warkington blo Octo Mars 15: 1931	Nature ol Injury
19. UNDERTAKER & Wim Gees Sons	24. Was disease or injury In any wey releted to occupation of deceesed? Ro
(Address) 137 Pa assack	If so, specify
20. FILED Nor 15, 1931 M. Brashears.	(Signed) J. a. McKory M.D. (Address) Laurel Jointurn Laurel, Md.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	i week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	· 1 year

V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	OTTEN A	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	100 Mari	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 3 1004	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:	and the	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

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should state of OCCUPA-

STATE OF MARYLAND— 1. PLACE OF DEATH County Station Village or City Station (If	Registration Dist. No. No. No. St., — Ward death occurred in a hospital or institution, give its NAME justed of street and number)
Length of residence in city or jown where deeth occurred yrs mos. 2. FULL NAME Walerick G. 777 (a) Residence: No. 2/2	ilstead St. S. & Word Charling Im, D.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident vive city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (vertice tha word) OR DIVORCED (vertice tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended daceasad from, 19, to
6. DATE OF BIRTH (month, day, and year) Dec 2, 190/ 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, Carfacular SAWYER, BOOKKEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 1D. Date deceased last worked et this occupation (month and great) spant in this occupation (month and great) 12. BIRTHPLACE (city or town) Maryland (Stata or country) 13. NAME Roderick G. Milescard	I last saw h allve on, 19; death is seld to heve occurred on the dete steted ebove, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset Cacadantol. Causes of importance:
13. NAME Roderics S. Milstead 14. BIRTHPLACE (city or town) (Stete or country)	Name of operetion Date of What test confirmed diagnosis? Was there en aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMDVAL Place Office August	23. If daath wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass)	Nature of injury 24. Was disease or Injury In any way related to occupation of daceasad? If so, specify (Signed) Hongare 9 Soulor Art France

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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PERMAU V. S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND	CERTIFICATE OF DEATH 13313
UP	1. PLACE OF DEATH	1 100
220	County Prince Jes Co	Registration Dist. No. 23/
	Village or City Wear Garban Md	NoSt.,Ward
jo		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
statement	D. W. 1 246	
tem	2. FULL NAME of Malley	
ta	(a) Residence: No. Wolffylow (Usual place of above)	St., Ward. If nonresident give city or town and State
6	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED.	21. DATE OF DEATH
	The solo White OR DIVORCED (write the word)	hovember 1st , 193 (Year)
ied	5a. If married, widowed, or divorcad HUSBAND of	(Monthly (Day) (Total)
classified	(or) WIFE of Bessie, Olloward	22. I HEREBY CERTIFY, That I ettended deceased from
	C. 19 1901	
properly certificate.	6. DATE OF BIRTH (month, day, and year) (les cot 18 190) 7. AGE Years Months A Oays If LESS than	to have occurred on the data stated abova, atm.
properly	97 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
pr	8. Trade, profession, or particular	were as follows: Oate of onset
be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	automobile accident on
may	5. Industry or business in which work was done as SHK MILL	Defense Highway near
	SAW MILL, BANK, etc	Bladensburg, Ind
40	this occupation (month and spant in this occupation occupation	0 11/1/31
erms, so that instructions	244	Other Contributory Causes of importence:
, se ucti	12. BIRTIIPLACE (city or town) (Stata or country)	
terms, instri	II 13. NAME Chiller Mallow	
4	14. BIRTHPLACE (city or town)	Name of operation Oeta of
3 00	(State or country)	What tast confirmed diagnosis? Was there an autopsy?
in pl	15. MAIOEN NAME Tottle Crosby	23. If death wes due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?Oate of Injury19
DEATH y impor	Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT X & Slewart , 19	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
E. E.	Place white marsh. md Date Nov 4 , 1936.	Manner of Injury
CAUSE TION is	~ ~ · · · · · · · · · · · · · · · · · ·	Nature of injury
CA	19. UNDERTAKER Francia Gascha Sons	24. Was disease or Injury in any wey related to occupation of deceased?
2	(AUDIOSS) AND ANDREW MA	(Signad) Roket E. alternus A. P. Coronosa. D.
37	20. FILEO NOV. 1981 Me Secondary	(Address) Bladens free me

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Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH	0 4 1
1. PLACE OF DEATH . (131)	13	314
County Ormacl Teagle	Registration Dist. No. 251	4.3
Village or City Ofyallsville	No. 2 17 Co at E death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME amisio M. Patterson		
(a) Residence: Np. * 17 Oak St Strattrille 2	Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mov. 27 (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Montgomery To Catterson	22. Out 2 HEREBY CERTIFY, That I attended of	deceesed from
6. DATE OF BIRTH (month, day, and year) Que 23 1835	I last saw here alive on Non 27 1931	; death is said
7. AGE Years Months Days tf LESS than 1 dey, hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, es SPINNER, at Example SAWYER, BDDKKEEPER, etc.	arterio selemis	Pata of onset
NOTE TO STATE AND A STATE AND		
12. BIRTHPLACE (city or town) August County (State or country)	Other Contributory Capues of Importance;	1925
13. NAME 13. NAME		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Wes there an a	ulopsy?
15. MAIDEN NAME ZIMERIOWE	23. tf death was due to externel causes (VIDL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT SB Malloy (Address) # 17 (Oals St Dayattheville, Wic	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL 1/2 Date 1/4, 1931	Manner of injury	
19. UNDERTAKER & Gascles Social (Address) Disattricle mid	24. Was disease or injury In any way related to occupation of deceased?	pv
20, FILED NOV. 23 1/19 & Mass. Registrar.	(Signed) Marin Same	M. D.

CEDTICICATE OF DEATH

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OEC 7 1600	ì		
Other contributory causes of importance:	g delates of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10010
County Prince Tenge	Registration Dist. No. 2.45
Village or City Okyallwelle	No. 64 Thre Cre St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
224 : 50 1	gs. now long in 0.3. ii of foreign bitth:yrsinosinos.
2. FULL NAME Maria Oledge	
(a) Residence: No. Effattivelle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Junale Colored single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) westernown	I last saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
67 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	way Joneye dead Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	in Tord dist madeined
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at More in this occupation (month and specific property).	no notopy was held; there was no wife
SAW MILL, BANK, etc.	Lerce of foul play; no history of previous
10. Date deceased last worked at this occupation (month and 29/31) 11. Total time (years) spant in this spant in this occupation occupation.	disesse was obtamable Danista
4 0 0 1	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Prance function (State or country)	
1	no doctor in attendance a prior to death.
I 13. NAME ambrose Pledge	
13. NAME Ambrose Pledge 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT War alt. Plant (Address) 1439 Englishe St noshio	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mormal Jeungate Dec 2, 1931	Nature of injury
19. UNDERTAKER J. Sarches Loves	24. Was disease or injury in any way related to occupation of deceased?
(Address) Afgallavelle mo	If so, specify I thing, I caralle alling Clemen
20. FILEO Dec. 2, 1931 Mms Jag Devere	(Signed) M. O. (Address) Hyllettills III
	N. C. J. C. D. J. D. // C. C. S.

CERTIFICATE OF REATH

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		(8) 2	
		192	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis **	1 year

Marin Gray was for FURTH	IER STATEMENTS BY PHYSICIAN
Dird Juddenly, and M	
John James of author	AT willis mit.
	John & Franker Octing Comes

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritônitis	3 doys ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Jo County Registration Dist. No. item (If death occurred in a hoppital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth? _____ vrs. RECORD. St. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATELOF DEATH DIVORCED (write the word) PERMANENT 193 BINDING assified. (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of M 12 63 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE proper Years Months Davs if LESS than to have occurred on the date steled above, et 1 dey .--- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particuler THIS OCCUPATION RESERVED kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc. back may 9 Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc ... no Deto deceased last worked et this occupation (month end 11. Total time (years) spant in this that year) instructions occupation ___ Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHALACE (city or town) Neme of operation. plain (State or country) be carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15, MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH Accident, sulcide, or homicide?_____ Date of Injury____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnous 17. INFORMANT very OF (Address) 3 18. BURIAL, CREMATION. WRITE Manner of Injury CAUSE mation Place MOLL Nature of injury way related to occupetion of deceased?_ 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Housesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
RURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF M	MARYLAND-	CERTIFICATE OF DEATH	510
1. PLACE OF DEATH	•	(201)	010
County Myce V	0000660	Registration Dist. No.	
Village or City June	Halwa	NoSt.,St.,St.,St.,St.,St.,St.,	Ward
Length of residence in city or town where death acc	rredyrs.,mos	ds. How tong In U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Garrie X	ee Mod	ges	
(a) Residence: No.		/St.,Ward.	
PERSONAL AND STATISTICAL	sual place of abode)	If nonresident give city or town and S	itale
a contract to the contract to	LE, MARRIED, WIDOWEO.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	TYORCED (write the word)	(Month) (Day)	193 / (Year)
5a. tf married, widowed, or divorced HUSBANO of (or) WIFE of	20 -	22. I HEREBY CERTIFY, That I attended de	
J. V. 140	ounte	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year) Mac	18-1896	I last saw h, 19;	death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated abovo, atm.	
33 6	ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:	Oate of enset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	70		
SAMTEN, DOORNEEPEN, etc.	vaay	Almas to Upolivan va	n
work was done, as SILK MILL, SAW MILL, BANK, etc.	ne /	John Deady	
	1. Total time (years) spant in this	accidental costs	
1 -6 0	occupation 12	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) V (Clarket or country)	well D-		
13. NAME James 13 (Cot of town) 14. BIRTHPLACE (city or town)	days		
14. BIRTHPLACE (city or town)	dua	Name of operation	
(State or country)	V _Q	What test confirmed diagnosis? Was there an aut	onsv?
15. MAIOEN NAME Mary	tren	23. If death was due to external causes (VIOLENCE) fill in also the following:	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIOEN NAME Many 1. 16. BIRTHPLACE (city or town)	rivia	Accident, suicide, or homicide? Date of Injury	19
State or country)	1	Where did injury occur?	
17. INFORMANT (Attur)	tarrell of	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	2 2 2	Manner of Injury	
Place Wilhard Plate Date	100 8-9 1931	Nature of injury	
19. UNDERTAKER (Address)	hoor fu	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO NOV 28, 1931 1 6 mg	normith	(Signed) Horace of Daylor a	18.0
If move blanks are	Registrar.	(Address) Mal Re Atmitted	1911
a, more blank) are	necucu, adaress State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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PLACE OF DEATH statement of STATE OF MARYLAND PHYSICIAN CERTIFICATE OF DEATH Registration Dist. No. If death accurred in a hospital or institution. give its NAME Instead of street and number. ? be stated EXAS perly classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 44 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WICOWED be properly certificate. OR DIVORCED (Month) (Day) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pe (Month) Day Year) of TAGE If LESS than and that death occurred on the date stated above. 1 day 2 Zers. G E The CAUSE OF DEATH # was as follows: OR Q min. ? .. mos. 50 OCCUPATION 99 (a) Trade, profession, or Suo Suppli particular kind of work... So 2 (b) General nature of Industry terms. structi Dasiness, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE Contributo Secondary (State or country) C plair 0 (Aurallan) 10 NAME OF pe c FATHER (Signed) important oui S 11 BIRTHPLACE AT RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) ы CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal, information AUSE OF D 12 MAIOEN NAME OF MOTHER C 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER 17 (State or country) of deathyrs. mas.ds. Slate,yrs. mos. State CA Where was disease contracted, 14 THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death ?.. Every iten should sta OCCUPAT usual residence PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

engineer, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Loborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers yrs.) Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Compositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever At home. Care should be Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," nentrangualified, is indefinite); Tuberculasis of lungs, mentrangualified, is indefinite).

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marxges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of... under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably suignal, or homicidal, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Purperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weaknows." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" "Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) by railway The contributory (secondary or intercurtrain-accident; Revolver wound Never report mere

VEL !

If this certificate is looked over thoroughly and all pustions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained is conthe optificate is permanently filed.

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business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servent, Cook, to report specifically the oec pations of persons enployed, as At *chool or At home. (are should be taken er," etc., without more precise specification as Day whatever, write None. work, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemuil, etc. If the occupation has been changed laborer. Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an mary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesexpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc 6 yrs.). For persons who have no occupation For many occupations a single word or term on Home, and children, not gainfully em-The material

Etalement of Cause of Death—Name, first, the marker causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epidemic carchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid memonia")."

Lobar pneumonia, Bronchopneumonia ("Pneumonia").

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences ture of the lnjury, as fracture of skull, and consetram-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." symptoniatic), "Atrophy," "Collapse," "Coma." "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by taken. For violent deaths state means of injury "Uracmia," "Weakness," etc., when a definite disease vulsions." "Debility" ("Congenital," "Senile," etc.), eausing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid myes, perilonacum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (e. g., sepsis, tetanus) may be stated under the Example: Measles Always qualify all The contributory "Huemorrailway (disease (merely (second-

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BINDING FOR RESERVED MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. institution, give its NAME instead of street and number) Howlong on B. S. if of foreign birth? 6.7 -- yrs. - 1 If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) HEREBY CERTIFY, That I ettended deceesed from death is said What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

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Cerebral hemorrhage	July 5,1927	Peritaritis	3 days ago
Other contributory causes of importance:	r	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. -WRITE PLAINEY

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	119
County Truce lange	Registration Dist. No.
Village or City meloood	NDSt.,
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foralgn birth?
2. FULL NAME Frances form	Jala
(a) Residence: No. Pullwood	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer) (Yeer)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet Lattended deceased for
5. DATE OF BIRTH (month, day, end yeer) Sept 8 1931	i last saw h alive on, 19, 19; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, atm_
2 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence wera es follows:
8 Trada profession or particular	material Courses.
SAWTER, BUUNNEEPER, etc.	(This child did not ha
9. Industry or business In which work was dona, as SILK MILL,	medical attention Sussessey
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	for our day) and disable
12. BIRTHPLACE (city or town) helword (State or country)	Other Contributory Causes of Importence:
13. NAME Patrick Lower	
14. BIRTHPLACE (city or town) — The alama (State or country)	Nama of operetion Date of
7 (State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Frances Calhert 16. BIRTHPLACE (city or town) Tuelword.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) manyland	Whera did injury occur?
7. INFORMANT Patrick Tonger (Address) upon marlons, has	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Leading Color Color 20, 1931	Manner of injury
9. UNDERTAKER Lating taylory of	24. Wes disease or injury in any way related to occupation of deceased? 100 lf so, specify Thos Duffill (ach. Coro,
0. FILED WV W 1931 Com August Registrat.	(Signed) James II Joy M (Arctess) Frestable mid

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. -WRITE PLAINEY

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County Privace Menge's Village or City Lawrel, Md No. James Jersen Strain Dist. No. Langth of residence in city or town where death occurred. yrsmos	1. PLACE OF DEATH	13323		
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## SAPTER CONTROLL CO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
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	20. FILED Nor 17, 193/ M. Bracheave.	(Signad) J. a. McCoy M.D. (Address) Laurel, Ma,		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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ation	should	be car	efully s	supplied	. AG	E sl	plnor	he	state	e P	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	Y. PHYS	ICIANS	shou	pli
AUSE	OF I	EATH	in plain	terms,	so the	at it	may	þe	prope	rly	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	Exact st	Tement	O Jo	Ö
ion is	very	import	10N is very important. See instructions on back of certificate.	e instru	actions	on	back	of o	ertif	cate.					

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ Ward. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write tha word) clowel (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at I dayhrs. 8 The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or____min. Date of enset Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at 11. Total time (yaars) this occupation (month and spant in this occupation ... Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? ---- Was there an au'opsy? HER 15. MAIDEN NAME 23. If daath was due to external causes (VIOL ENCE) fill in also the following: MOT 16. BIRTHPLACE (city or town) Accident, suicide, or homicida?______ Date of Injury______ 19____ (State or country) Where did injury occur?__ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL GREMATION Manner of Injury Nature of injury_ 24. Was disaase or injury in any way ralated to occupation of dacaased? (Addrass) If so, specify (Signad) 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1 18		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD WITH UNFADING INK--THIS IS A PERMAN BINDIN FOR MARGIN RESERVED WRITE PLA

	PLACE OF DEATH County Prince Su	13325 STATE OF MARYLAND
	County Pine County	© CERTIFICATE OF DEATH
	Village or City Wordman (No	Registration Dist. No.
ficate	2FULL NAME Whit	ward) a hospital or institution, give its NAME in stead of street an number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 3 , 198 / (Month) (Day) (Year)
ns on b	6 DATE OF BIRTH 120V 23, 1931	17 I HEREBY CERTIFY, That I attended the deceased from
structio	(Month) (Day) (Year) 7 AGE Month (Day) (Year) (If LESS than day hrs. day hrs. or min.?	The CAUSE OF DEATH * was as follows:
tant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dullborn (Durstion) yrs. mos. ds
Impor	9 BIRTHPLACE (State or country) M	Contributory Secondary (Duration)
s very	10 NAME OF FATHER Colared White	(Signed) Clycholy Dansey M. D MV 23 1923/(Address) MANY Machine
LION	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CCUPA	OF MOTHER WA Inchry 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
of 00	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
- 11	(Informant) home white	Former or usual residence
statement	(Address) Milchellville	Total Orle m 11/23, 31
60	Filed "/23 1931 Sung The form	Men bery framely Milehurlle
	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

exhature of the business or industry, and therefore an tion applies to each and every person, irrespective of additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) engineer, Grocery,

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, agrident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Mcasles (disease American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart disease; The Always qualify all contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed

B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13326
1. PLACE OF DEATH,	0 2 1
County Truce Go	Registration Dist. No.
Village or City Settapille	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
100	death occurred in a norphia or institution, give its (VAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Saucel Whitehead	
(a) Residence: No. Belleville Mid	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (write the word) Willowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayorth Hitchiall	22. I HEREBY CERTIFY, That I ettended deceased from 15 1980 to how 8 1981
6. DATE OF BIRTH (month, day, and year) July 17th 185\$	liast saw h ma alive on Mov 8 ,198/; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 1.0.4.m.
77 3 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Polorer SAWYER, BOOKKEEPER, etc.	Carimona of the mostrus atuh
9. Industry or business in which	Jon 1 -1400
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month end year)	
34.1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME William Hhlebeal	
13. NAME William Johlehaal 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? (AD)
15. MAIDEN NAME Caroline Veinellion 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Granifle C. Gibson	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Sellattlehtte	
Place A Hill Laure Date you 1014, 1931	Nature of injury
10 HADEDTAKED of FORD ROLLINGS	24. Was disease or injury in eny-way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED NOT-10-1931 John & Smith	(Signed) Ann M. D.
Registrar.	(Address) Jalung J. J. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARRATUS.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	OF.	ite	A-	
19	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTEY, PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	ITI	no	SE	IN is your important See instructions on book of certificate
1	000	• 1	9	-

12. BIRTHPLACE (city or town). (State or country)

15. MAIOEN NAME

(State or country)

(State or country)

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER __ (Address)

OCCUPATION

FATHER

MOTHER

	F DEATH		YLAND—	CERTIFICATE OF DEATH 13327 Registration Dist. No. 240
			No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. (
2. FULL NA		Willett		St., Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male			RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH No vember 1, 193 1 (Month) (Day) (Year)
5a. If married, wido HUSBANO of (or) WIFE of	Clirestese	e Pick	erell	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH	(month, day, and year)	une 9, 18	356	I last saw h; death is se
	ars Months	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profi	ossion, or particular work done, as SPINNER,			Date of one

heart disease Nadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... Date deceesed last worked at this occupation (month end 11. Total time (years) spant in this occupation ... Other Contributory Causes of importance: J. F. Willett 14. BIRTHPLACE (city or town)_ Neme of operation What test confirmed diagnosis?_____ Was there an aulopsy?____ Arthur Actor 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town)-----Accident, suicide, or homicide?______ Date of injury_______19______ Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, J. R. Willett Walderf 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Accokeek, Md. Oate Nov. 2, Nature of injury. Huntt & Ryon Walderf, Md. 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify 20. FILEO 10/2/31 Julius K. Smith (Signed). (Address) 7 92 July Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

11/4/31 BURFAU VS

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Example I			Example II		
The principal cause of death-ar of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1940	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1	dimo	Run over by street car	1 week ago	
Cercbral hemorrhage	0 A/A/7	Luly 5, 1927	Peritonitis	3 days ago	
	COLATOR				
Other contributory causes of in	mportance:	BE	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	